|  |  |
| --- | --- |
| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Subcontractor Construction Purchase Order FormConstruction projects up to $50,000 for MPCA ContractsSection 3*Doc Type: Contract* |

This form to be used by the Minnesota Pollution Control Agency (MPCA) Contractor when hiring a Construction Contractor only.

|  |  |  |  |
| --- | --- | --- | --- |
| Contract title: |       | Contract number: |       |
| MPCA purchase order number: |       | Project Name: |       |

**Subcontractor information**

|  |  |
| --- | --- |
| Subcontractor name: |       |
| Address: |       |
| City: |       | State: |       | Zip code: |       |
| Contact name: |       | Phone: |       | Vendor quote no.: |       |

**Supplemental terms**

|  |  |
| --- | --- |
| 1. | Show the Contract number on invoice and all correspondence. |
| 2. | This MPCA Subcontractor Construction Purchase Order Form incorporates by reference all terms, conditions, and specifications of the solicitation and vendor’s response. In case of a conflict in terms, the order of precedence shall be: First; this MPCA Subcontractor Construction Purchase Order Form, second; the Request for Bid (RFB), third; the vendor’s response. |
| 3. | All deliveries/services hereunder shall comply with all applicable state of Minnesota and federal laws. |
| 4. | Invoices must match line items on the MPCA Subcontractor Construction Purchase Order Form. |
| 5. | Notwithstanding any language to the contrary herein, the Contractor,  |       | shall be solely |
|  | responsible for the payment of the amounts payable by the state of Minnesota under this MPCA Subcontractor Construction  |
|  | Purchase Order Form, as provided in MPCA Contract No. |       | The MPCA Contractor’s responsibility under  |
|  | this MPCA Subcontractor Construction Purchase Order Form is to make payments of amounts due hereunder, and as provided in requests for payment submitted and approved by the State. |

**Ship to information**

|  |  |
| --- | --- |
| Name: |       |
| Address: |       |
| City: |       | State: |       | Zip code: |       |
| Contact name: |       | Phone: |       | Discount terms: |       |
| Ship via: |       | Freight terms: |       | Requested delivery: |       |

**Bill to information**

|  |  |
| --- | --- |
| Name: |       |
| Address: |       |
| City: |       | State: |       | Zip code: |       |
| Contact name: |       | Phone: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Line** | **Description** | **Quantity** | **Unit** | **Unit price** | **Amount** |
|    |       |       |       |       |       |
|    |       |       |       |       |       |
|    |       |       |       |       |       |
|    |       |       |       |       |       |
| **Order total** |       |

**(Payment**. The Contractor shall provide *an IC 134 – Withholding Affidavit for Contractor* to the State agency along with the request for final payment/ invoice. Submit *Excel Prevailing Wage Payroll Information Forms* to the following email address: prevailingwage.pca@state.mn.us.**)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |       |  |  |
|  | *(This document has been electronically signed.)* |  |
| MPCA Contractor name: |       | Date (mm/dd/yyyy): |       |
| MPCA Contract number: |       | Purchase order number: |       |